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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant Claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	10/687,303
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Filing Date	October 14, 2003
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First Named Inventor	Onggosanusi, et al.
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Examiner Name	Zheng, Eva Y.
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Art Unit	2611
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Attorney Docket No.	TI-35477
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**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account    Deposit Account Number: 20-0668    Deposit Account Name: Texas Instruments Incorporated

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

Charges fee(s) indicated below, **except** for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

### Free Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

### Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
0 - 20 or HP =	0	\$50.00	\$ 0.00	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.				\$360.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims		Extra Claims		Fee (\$)	Fee Paid (\$)	99/17/2007 EWMLGX	00000011	200668	10587303
0	-3 or HP =	0	x	\$200.00	= \$ 0.00				

HP = highest number of independent claims paid for, if greater than 3.

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	0	/ 50 = 0 (round up to a whole number) x	\$250.00 =	\$ 0.00

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition Fee Required Under 37 C.F.R. 1.17(m)

Fees Paid(\$)  

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**\$1,500.00**

## SUBMITTED BY

Signature	/Thomas J. Meaney/	Registration No. 41,990 (Attorney/Agent)	Telephone 972-732-1001
Name (Print/Type)	Thomas J. Meaney		Date July 30, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>09/25/07</u>		2 Serial/Patent # <u>10/687303</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
X	Petition	ifw	07/30/07	\$ 1,500.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 1,500.00							
		8 TO BE REFUNDED BY:									
		Treasury Check									
		Credit Deposit A/C #:									
		<div style="display: flex; align-items: center;"> <span style="margin-right: 10px;">9</span> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">2</td> <td style="width: 30px;">0</td> <td style="width: 30px;">--</td> <td style="width: 30px;">0</td> <td style="width: 30px;">6</td> <td style="width: 30px;">6</td> <td style="width: 30px;">8</td> </tr> </table> </div>			2	0	--	0	6	6	8
2	0	--	0	6	6	8					
10 REASON:											
	Overpayment										
X	Duplicate Payment										
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>ALESIA M. BROWN</u>		TITLE: <u>ATTY</u>									
SIGNATURE: <u>/ALESIA M. BROWN/</u>		PHONE: <u>23205</u>									
OFFICE: <u>OP</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u></u>		DATE: <u>9/26/07</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*